



**LICENSING DIVISION**  
**P.O. Box 989003**  
**West Sacramento, CA 95798-9003**  
**(800) 952-5210**



## Application For CEMETERY SALESPERSON'S LICENSE

Pursuant to the provisions of Chapter 19, Division 3  
Of the Business and Professions Code.

**Fee \$30.00**

*Do Not Write In This Space*

Date Recvd \_\_\_\_\_

License No \_\_\_\_\_

Date Issued \_\_\_\_\_

### IMPORTANT

- Before filling out this application:
  - read information on reverse side of this page
- Mail applications with ALL requirements' and correct fees to the Licensing Division
- Remit fee by check or money order made payable to the Licensing Division-**DO NOT SEND CURRENCY**
- It is mandatory that all questions are answered. Failure to provide any information will result in the application being rejected as incomplete. Fee is not refundable.

Per California Civil Code section 1798.17 (Information Practice Act), the Director of the Department is responsible for maintaining information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

First	Middle	Last			
1. Name of Applicant			2. Social Security Number <sup>1</sup>		
Number and Street		City	State		Zip
3. Business Address					
Exact Name of Broker as Shown on License			5. Employing Broker License Number		
4. To be employed by:			7. Date of Birth		
6. Business Telephone			Day Month Year		
8. I wish my license to be: <i>please check response</i> issued as soon as possible held until July 1 <sup>st</sup>					

### CERTIFICATE OF THE APPLICANT

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT the answers given in this application are true and correct, and that if licensed I will not violate any provisions of the Cemetery Act nor misuse the privileges of the registrant.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### CERTIFICATE OF THE EMPLOYER

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I am a licensed Cemetery Broker. I request the Cemetery Program to issue the person named in this application a license as a Cemetery Salesperson in my employ. I certify that if a license is issued I will exercise a careful supervision over the salesperson's cemetery activities while so employed. I am aware of the provisions of Section 370 of the Labor Code which requires every employer to be insured for worker's compensation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> Disclosure of your Social Security Number (SSN) and/or federal employer identification number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your SSN or FEIN. This information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN or FEIN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

## IMPORTANT INFORMATION

Read each of these items carefully. They are important to you as a Cemetery Salesperson.

1. When applying for a salesperson's license, complete pages 1, 3 and 4. Be sure you have completed each item fully and signed the application before presenting it to your broker.
2. The fee for this salesperson's license is \$30.00 and it must accompany the application. The filing of an application does not entitle you to commence work as a cemetery salesperson. You must have a valid license to do so.
3. An investigation of your background will be commenced upon receipt of your application. Your license will be held up for incompleteness of clearance or personal check.
4. Your license entitles you to act as a cemetery salesperson for the broker named thereon at the address shown. It does not entitle you to work for any other broker for any other office of your employing broker.



13. Employment Experience During Past Five Years : *list in chronological order*

From:	To:	Name of Employer				
Your Position		Address	Number and Street	City	State	Zip

From:	To:	Name of Employer				
Your Position		Address	Number and Street	City	State	Zip

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Your Position		Address	Number and Street	City	State	Zip

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